

**Behavioral Health Administration**  
**NOTICE OF FUNDING AVAILABILITY (NOFA)**  
**CONTINGENCY MANAGEMENT INITIATIVE (CMI)**

**Release Date: Mar 14, 2022**

**GRANT DESCRIPTION:**

The Maryland Department of Health, Behavioral Health Administration (MDH-BHA), Clinical Services, Adults and Older Adults Division, Office of Treatment Services, announces the availability of \$2,947,364 in funding for the implementation of Contingency Management Initiative (CMI) for State Fiscal Years SFY 2022 through SFY 2023, having a Performance Period of May 01, 2022, through March 14, 2023. Funding for this project is provided through the Substance Abuse Prevention & Treatment Block Grant ("COVID-19 Supplemental-SABG" awarded to the State of Maryland, by the Substance Abuse and Mental Health Services Administration (SAMHSA). BHA intends to provide funding to community-based outpatient substance use providers to implement this initiative within their existing program structure.

The Contingency Management Initiative (CMI) initiative will support activities to implement an evidence-based practice (EBP) that will be utilized in community-based outpatient (OP) substance use disorder (SUD) treatment programs statewide with special emphasis on jurisdictions with demonstrated need to help mitigate overdose and overdose deaths. Contingency Management often called motivational incentives is a type of behavioral therapy rooted in the basis of operant conditioning. This type of treatment provides rewards for the desired behaviors such as negative drug tests, improved group attendance, and improved treatment participation.

**PROGRAM OBJECTIVES**

The implementation of the CMI will support the use of EBPs and mitigate overdose and overdose death. Funding will support the CM Voucher Based Reinforcement (VBR) and Prize Incentives (PI) based approach. In VBR, the patient receives a voucher for activities related to treatment compliance, such as drug-free urine samples and other recovery-based activities. The voucher has monetary value that can be exchanged for incentives such as food items, movie passes, or other goods and services that are consistent with a drug-free lifestyle. Contingency Management Prize Incentives applies similar principles as VBR but uses chances to win cash prizes valued between \$1 and \$75.

The CMI is intended to be implemented in an already existing community-based outpatient substance use program structure.

**ELIGIBLE USE OF FUNDS**

Contingency Management should be implemented within an already existing program structure. CMI funding may be used for, but is not limited to:

1. Staffing;
2. Training costs for staff or clients or both;
3. The cost of vouchers and prizes up to \$75.00 per client during the treatment period;

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4. Supplies;
5. Administrative costs; and
6. Other related expenses as approved by BHA.

**ELIGIBLE APPLICANTS**

Any community-based outpatient treatment program located in the State of Maryland is eligible to apply.

**Eligibility Criteria:**

To be eligible to receive this funding, the applicant must:

- Be located in one of the 23 Maryland jurisdictions or Baltimore City;
- Be a community-based outpatient treatment program licensed through BHA in good standing, and certified through an approved State of Maryland Behavioral Health accrediting body.
- Be a program that is willing to implement the CMI in an already existing community-based outpatient substance use program structure.

**PROPOSAL CONTENT AND SUBMISSION**

The proposal must include:

- I. Program/service description or summary
  - a. A detailed description of how the Contingency Management model will be implemented into an already existing program structure;
  - b. A detailed description of the reward incentive to be utilized (voucher-based incentive or prize-based incentive not to exceed a total value of \$75.00);
  - c. Include a timeline for the implementation and sustainability of the CMI. A detailed description of the program's ability to initiate and implement the project in its entirety, including a description of any potential partners/subcontractors, if applicable.
  - d. Include a detailed description of the program's expectations about changing these clients' behaviors;
  - e. Targeted population to participate in the CMI;
  - f. A description of program monitoring and patient compliance;
  - g. The projected impact on the OUD/SUD crisis in your community; detailed job description(s) for any positions needed for the implementation of Contingency Management into an already existing program structure; and
- II. A chart reflecting all program/service goals.

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- III. A Statement of Work (*See attached form — complete blank items only*).
- IV. Organizational chart
- V. To be submitted in MS Word format. All documents should include page numbers.
- VI. A line-item budget which includes an overall “not-to-exceed” amount, and a detailed line item description and justification. Providing these details is required and will allow our staff to effectively evaluate your program’s ability to implement the proposed initiative.

Budgets should reflect the following award periods:

- 1. FY22 - May 1, 2022 - June 30, 2022,
- 2. FY23 - July 1, 2022 - March 13, 2023

For local health departments, indirect cost is limited to 10% of the departmental award, defined as MDH funds and collections.

BHA is currently looking to partner with Local Behavioral Health Authorities (LBHA) and Local Addiction Authorities (LAA) to award funding to community providers who may be interested in implementing CM into their already existing program structure within their jurisdictions. Grant funding will be awarded to the LBHA or LAA.

## **ROLES AND RESPONSIBILITIES**

The role of the **Local Behavioral Health Authority (LBHA), or Local Addiction Authority (LAA)** includes, but is not limited to:

- 1. Identifying community-based outpatient treatment programs that are licensed through BHA, and certified through an approved State of Maryland Behavioral Health accrediting body;
- 2. Assisting local providers within their jurisdiction with the development of plans that will assist in the utilization of the CMI within the already existing program structure;
- 3. Providing technical assistance to eligible providers regarding the utilization of Contingency Management within the already existing program structure;
- 4. Participating in scheduled meetings with BHA, SAMHSA, and other CMI award recipients as requested; and
- 5. Collecting and reviewing quarterly data reports from sub-vendors participating in the CMI and submitting them to the BHA program lead.

The role of the **Community-Based Outpatient Substance Use Provider** includes, but is not limited to:

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1. The development of a comprehensive Contingency Management Program to be implemented within the already existing substance use disorder (SUD) treatment program structure;
2. Identification of description of the reward incentive to be utilized (voucher-based incentive or prize-based incentive not to exceed a total value of \$75.00 per treatment period);
3. Identification of CMI criteria, i.e., behaviors that may be targeted that aligns with the criteria for behavior modification, the duration of CM intervention(s), and compliance monitoring;
4. The utilization of EBPs to be implemented in the CMI;
5. Submission of a detailed job description for any positions needed for the implementation of CMI into their already existing program structure;
6. Submit a detailed budget with a budget narrative.

**APPLICATION DEADLINE**

BHA is hoping to move expeditiously with this funding and due to the limited timeframe for review and allocation of awards, we are not able to grant any requests for an extension of time beyond the stated deadline.

**Applications must be received by the Local Behavioral Health Authority (LBHA), or Local Addiction Authority (LAA) no later than Friday, April 15, 2022 in order to be considered for funding. The LBHA or LAA will review and score applications submitted by the deadline and send recommendations for funding by May 6, 2022.**

**GRANT AWARDS**

BHA will review selections submitted by the LBHA, and LAA and make award determinations based on application scores and funding availability. Applications that score above 70 will be given priority for funding. BHA anticipates notifying, LAAs and LBHAs on May 20, 2022. BHA will issue all grant awards for CMI to the LBHA or LAA.

If you have questions regarding this NOFA, please contact Kimberly Qualls or Timeka Miller: [cmgrant.bha@maryland.gov](mailto:cmgrant.bha@maryland.gov).

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**GLOSSARY OF TERMS**

**Contingency Management Initiative (CMI)** - is a highly effective EBP utilized to treat substance use and related disorders. Contingency Management refers to a type of behavioral therapy in which individuals are 'reinforced' or rewarded for evidence of positive behavioral change. These interventions have been widely tested and evaluated in the context of substance misuse treatment and recovery support. Contingency Management Initiative is intended to be implemented in an already established program structure.

**Evidence-Based Practice (EBP)** - is a prescribed approach to prevention, treatment, or recovery that is validated by some form of documented research, evidence, and is appropriate for a specific population to be served.

**Opioid Use Disorder (OUD)** - is defined as a problematic pattern of opioid use that leads to serious impairment or distress.

**Price Incentive (PI)** - Prize-based Incentives Contingency Management for SUD/OUD is a version of Contingency Management Initiative (CMI) that provides adults with SUD/OUD in community-based treatment with an opportunity to win prizes if they remain abstinent from substance use.

**Substance Use Disorder (SUD)** - involves patterns of symptoms caused by using a substance that an individual continues taking despite its negative effects.

**Technical Assistance (TA)** - is the process of providing targeted support to an organization with a development need or problem.

**Voucher Based Rewards (VBR)**- Voucher-based contingency management is well-established when used as a treatment for substance use disorders, which entails that patients earn money (vouchers) or other incentives (i.e., prizes) as a reward to reinforce drug abstinence.